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ORIGINAL ARTICLES.

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PICRIC ACID.*

By LOUIS B. COUCH, M.D.

EXPERIMENTS UPON ANIMALS.

Preparation employed: Half an ounce of the crystals in two ounces of alcohol. Picric acid is but sparingly soluble in this medium.

On a Cat.—January 4th. Gave a strong, healthy female cat two drachms of the saturated solution. It was followed by lachrymation and panting for breath, as if exhausted—symptoms ascribed to the alcohol, as they lasted only a few moments. Two hours after she had no appetite, and neither ate nor drank until the next day. She has no desire to move; sits down all the time.

6th. Began giving ten grain doses of the crystals in meat daily, which were continued for one week. Nothing noticed, save some slight thirst for water, which she took in small quantities frequently repeated.

14th. Began giving two-drachm doses of the alcoholic solution, This was followed by great distress in breathing, which lasted fifteen minutes. At noon no appetite for meat or milk; no thirst.

15th. Two drachms. No appetite. When milk was offered she stood looking at it fully three minutes, apparently at a loss to deter-

* For this proving Prof. Allen awarded his gold medal at the last Commencement of the N. Y. Hom. Med. College. As the MS. is too voluminous for our pages, we shall abstract, taking care to omit nothing of value. The language of the author is preserved only in the symptomatology.—GEN. ED.

mine what it was, but making no move towards drinking. She evinced a great inclination to keep quiet. On forcing her to walk, she started with a heavy, unsteady, but cautious step to her bed, and lay down. 10 P. M. Gave a dose with less resistance than before; she appears much weaker than at any time previously. She was too weak to release herself from the carpet in which she was enveloped when the acid was given. The dose was followed by the same distress in breathing before noticed. Seems thirsty for water (will not take milk), which she drinks in small quantities. Wants to lie down constantly; very rarely find her away from her bed. When aroused, she moves around as if very tired.

16th. Gave two drachms with still less resistance. Her muscles seem weak, and they are evidently much wasted. Stools soft and very offensive. Vomiting of a dark, frothy fluid.

17th, P. M. Gave one ounce with very little resistance. Very offensive stools. No appetite. 6 P. M. Paralysis of limbs; when she is raised the legs hang down limply. Breathing impeded and slow. Stools dark, jelly-like, and very offensive. Death about 9 P. M.

Post Mortem.—Lungs healthy; heart slightly dilated; pleura and pericardium healthy; stomach contained a black frothy fluid, no lesions; the pyloric end of the duodenum for half an inch in extent was of a bluish black color. On section this coloring was found to extend through the muscular coat; the remaining tunics retained their normal hue; the other portions of the intestine were slightly engorged; the mesenteric glands swollen and of a bluish black tint; the vessels leading to the glands were congested with a dark fluid blood; no evidence of inflammation in the liver; the thin borders of the lobes were of a coal black color, which was well defined and separated from the adjoining healthy portions; the discolored part was about one and a half inches in width and extended regularly towards the thicker parts of the organ.

Membranes of the brain gave no evidence of inflammation; cerebrum slightly softened; the cerebellum, medulla oblongata, and upper part of the cord were completely disorganized, soft and pulpy; the lower portion of the cord was examined microscopically but no lesions were discovered. (? S. A. J.)

On a Dog.—January 22d, gave one drachm of the saturated solution to a strong healthy dog, which was followed by frothing at the mouth, and dyspnoea; no thirst supervened, and the appetite was good.

23d. Gave two drachms, followed by foaming at the mouth and

dyspnoea ; subsequently seems to be in much pain ; restless ; walks around constantly, whining. 5 P. M. Drinks frequently, but in small quantities.

24th. Gave three drachms ; profuse frothy salivation hangs in long strings to the ground ; passes small quantities of bloody urine with straining.

25th. Sits or lies down nearly all the time ; no appetite ; stools soft, light colored but soon becoming black on exposure to the air ; passes small quantities of bloody urine with great straining.

26th. Four drachms ; immediately followed by frothing at mouth ; anxious whining mood ; walks around as if in much pain (symptoms lasted ten minutes). 12 M. Lies down constantly when not disturbed and made to stand up ; when lying, weak tonic spasms followed by clonic spasms ; muscles of legs and back twitch spasmodically ; pupils dilated.

27th. Trembling, wavering, can't stand firmly ; muscles twitch spasmodically ; keeps his legs wide apart when standing ; looks steadily at objects as if unable to make out what they are.

10 A. M. Gave four drachms, which is followed by frothing at mouth, nausea (? S. A. J.) and vomiting of a yellow frothy fluid streaked with blood ; urine dark and bloody ; scanty, light-colored, clayey stools, soon turning black in the air ; lies down constantly ; sneezing cough followed by nausea and violent ineffectual efforts to vomit ; sneezing cough and nausea with attempts to vomit *when placed upon his feet*. 12 M. Dull, stupid, wants to sleep continually. He wakes, opens his eyes and stares when a loud noise is made, but immediately goes to sleep again. Shivering and trembling, evidently wants to get near the fire ; when put in a warm place he at once lies down and goes to sleep.

28th. Found him apparently dead, but really asleep. When placed on his legs he at once laid down as if they were too weak to support his body. Sneezing cough with dyspnoea when raised up, which soon disappeared after lying down. 11 A. M. four, and 4 P. M. three drachms. Thirsty ; stools black, scanty and slightly frothy ; urine bloody, and passed with straining ; ineffectual attempts at stool.

29th. Drinking is followed by sneezing cough and violent ineffectual attempts at vomiting. Urine bloody ; stool black and like jelly. Dry sneezing cough when standing, disappearing after lying down. When standing, swaying of body as if unable to keep balanced. When made to walk keeps fore legs wide apart as if to steady himself. Hind quarters depressed, with sinking of hind legs, which seem too weak, he can't direct or manage them ; hind quarters sway

first to one side then to the other; carries his hind legs as if he had "string halt."

29th. Motor symptoms as yesterday. Stools black and consistency of jelly; urine red and bloody, passed with much straining. Seems a trifle stronger than yesterday; appetite good.

30th. When drinking, the hind leg is drawn up as if by spasm. When made to walk legs are spread out to prevent falling. Great loss of muscular strength all over the body, but hind legs seem weakest; lies down all the time.

31st. Gave a dose. Great dyspnœa and salivation; mucus hangs in strings to the floor. Hind quarters wasted; legs weak; hind quarters sway to and fro as if he would fall; falls on his side from a slight push, and is unable to regain his feet without help. Cornea roughened from loss of the epithelial layer; green reflex behind the pupil of right eye. 10 A. M. Four drachms. Unable to stand when placed on his feet. Died in four minutes after the dose.

Post Mortem.—Muscles of hind legs small and wasted; peritoneum normal; intestines thickened and contracted; circumscribed, small bulging black spots on small intestines from a quarter to half an inch in diameter—apparently due to a thinning of some of the coats. Intestines filled with a black fluid which resembled decomposed blood. Liver black, but no traces of inflammation. Bile very black and thin.

Grey, hard hepatization of the middle and lower lobe of the left lung; contiguous portion red and intensely engorged.

Substance of heart very deep red. Blood black, fluid, and devoid of clots. This is the character of all the blood throughout the body. Eyes normal, as far as could be ascertained.

The cortical substance of the cerebrum, the whole of the cerebellum and of the medulla oblongata, and a portion of the cord, soft, pulpy, and apparently completely disorganized.*

* Despite the significant urinary symptoms, the kidneys and bladder appear to have been overlooked. We have no desire to criticise 'prentice work, but a poisoning at the price of *any life* demands that all shall be made which may be made out of the results. Some competent person should oversee such animal-poisonings as may be undertaken in our colleges by any of the students. This neglect in the present instance has shorn Dr. Couch's results of their full dimensions, and we now have only some splendidly significant *hints*.

The same remissness mars the day-books of the "class." Picric Acid ought to prove of marked service in Diabetes mellitus; yet not one of the provers gives an analysis of the urine.

As the "gold medal" proving of a graduate in Medicine, we feel that we are

PROVINGS BY J. LANCER, JR.*

In good health; bowels regular; urine normal. Not subject to headache.

Dec. 19th. Took one powder 30th at 4 P. M. 10 P. M. Ears began to burn and look puffy, with a sensation as if worms were crawling on them. These symptoms lasted two hours.

20th, 11 A. M. Heavy throbbing pain under 10th and 11th ribs, on left side, which lasted till noon, then changed to the region of the kidneys and continued till 2 P. M., when they extended downwards into my legs, especially the left; legs felt heavy, and very weak; also great weakness in the region of the hips; legs below the knees feel very sore and tender to the touch. Severe pain in the anterior portion of the leg when touched. These symptoms lasted till 7 P. M., when they commenced to ameliorate.

Dec. 22d, 4 P. M. Took one powder 30th. 6 P. M. Muscles on left side, over 10th and 11th ribs, commenced to throb and jerk, which lasted until 11 P. M. Throbbing and jerking of muscles in different parts of the body, with severe chills and great pain between the hips of a dull, heavy, dragging character, which descended slowly to the left leg. *Legs heavy like lead*; lifted from the floor with difficulty (left leg worse); *great coldness of the feet*. All pains relieved by sitting still, and aggravated by the least motion, and from getting up. Symptoms lasted till 11 P. M. Sleep very restless until 12. *Great sexual desire, with emissions*.

23d. Great soreness and lameness, especially on left side, when rising in the morning, accompanied by heavy throbbing pains in the head, extending from behind the ears forward to the supra-orbital notch, and thence downward into the eye, with burning, throbbing pains and dilated pupils, conjunctivitis, and lachrymation. Everything seems blurred, as if looking through a fog or a thick veil. 10 A. M. Can read only with book about 5 in. from the eyes. Great heaviness of the lids; can't keep them open. Profuse cold, clammy sweats, with great chilliness. Great weakness of legs, especially the left, which trembles. These symptoms all grew worse until after 2 P. M.

doing true editorial duty in calling attention to it as being the most truthful, the severest, and the most unanswerable comment upon the existing system of medical education.

We beg leave to add that these remarks are applicable not only to the latitude and longitude of New York.

* The day-books are given verbatim.—GEN. ED.

2 P. M. Severe heavy, dragging pains in the region of the kidneys and the back of the neck, extending upwards and downwards till they met between the scapulæ; veins sunken and small, especially on the left side; pupils dilated; eyes feel worse on moving them, or turning them upwards; can't collect thoughts at all, or study. All the head pains eased by bandaging the head tightly. All pains lasted till 8 P. M. Sleep restless until 12 P. M. Great sexual desire, with terrible erections; urine profuse; color normal; very hot when passed; accompanied with burning pain in urethra, which feels as if burnt.

25th, 11 A. M. One powder 30th, 4 P. M. Terrible pains in neck and occipital region, extending forward to supra-orbital notch, and then down into the eyes, the same as before; pupils dilated; everything looks blurred; can see to read only at one point, five inches from the eye. Urine passed with burning, scalding pain. Headache lasted all night. Sleep restless until 12.

26th. Very tired, lame and weak sensation when arising from bed. Every hour in the day darting pains in various parts of the body, extending into the bones. Great heaviness of the hips and legs, lasting all day. Throat feels raw, scraped, stiff, and hot, as if burnt; throat red; collection of thick white mucus on tonsils; great difficulty in swallowing, with sensation as if throat would split open. Saliva white, frothy, and stringy; hangs in long strings to the floor. Very great thirst for cold water, which is drank in large quantities without relief. Can get the breath only half way down. Stools light-colored, and passed with much burning and smarting in the anus, continuing an hour afterwards.

Skin.—Small, painful, reddish elevations like furuncles around the mouth and face; when opened they exude a thin clear serum which soon dries into a transparent scab; they then become pustular and very painful, and contain a thick, opaque pus, like condensed milk,

Jan. 9th. 1 dose; 30th. 12 M.; 9 P. M., heavy (fulness) dull pressing pain in the head, as if full of blood. Heavy pain in occipital region, extending down the neck and spine.

10 P. M. Dull, heavy, throbbing and burning pains, commencing in occiput and extending forward to supra-orbital foramen, and thence down into the eyes, which throb and feel sore to the touch. Conjunctiva injected; lachrymation; pupils dilated; have to bring objects close to the eyes to see them; seem to be looking through a veil; can see to read clearly only at one point, about five inches from the eyes; heavy, pressing, smarting and burning pains in the

eyeball, relieved by pressure; heaviness of the lids; gaslight hurts the eyes; pains generally about the head, relieved by pressure.

Great heaviness in the extremities, especially the left; legs feel heavy as if made of lead; extremities cold; sleep restless, tossing until 12, then fell into a heavy restless sleep; awoke unrefreshed; limbs feel cold and very heavy.

Jan. 10th. Nausea, bitter eructations after breakfast; sensation as if something was in lower part of œsophagus. 12 A. M. No appetite; disgust for food; stools loose, light colored, with cutting and smarting at the anus during and after defecating. Urine light colored and profuse, burning in the urethra during and after urinating; urethra feels as if burnt.

Fever; great chilliness; can't get warm; followed by cold clammy sweat; chilliness predominates; pulse 50; weak and small.

Aggravation between 11 A. M. and 2 P. M.

PROVING BY L. B. C.

In good health; urine normal; gives acid reaction; spec. grav. 10.20. Temperament nervous. Never had headache.

Jan. 13th, 1874, 7.30 A. M. Took one dose 30th. 11 A. M. Slight pain in supra-orbital region and in the back of the neck; dry cough, as from dust in the throat, followed by nausea.

1 P. M. Tired feeling in the limbs when going upstairs. 2 P. M. Bleeding of the nose (right nostril), with heat and congestion of the head. 3 P. M. Bleeding of the nose (right nostril).

9 P. M. Twitching of the muscles on back of left hip. 9.30. P. M. Bleeding of the nose (right nostril). Tired sensation in lumbar region and limbs when waking from sleep, 12 P. M.

Jan. 14th. Stinging and itching at the anus during and after defecation. Burning during urinating and after. Sleep sound, but unrefreshing; awoke at 6 A. M., with tired and heavy sensation in small of the back and limbs.

Jan. 15th, 10 A. M. One powder 10th. 5 P. M. A second dose of the 10th. No symptoms.

Jan. 16th. One dose 30th. 4 P. M. Dull, heavy frontal headache, with great heaviness and weakness in the small of the back and limbs.

Sleep restless until 11 P. M. Awoke at 6 A. M., feeling tired and unrefreshed. Legs dull, heavy, weak, and moved with difficulty.

18th, 10 A. M. 1 dose 30th. 4 P. M. Great heaviness in the arms and legs, especially the legs, on exertion; legs feel weak and heavy all the time. Very tired on going upstairs.

6 P. M. Shooting pain in the left arm at elbow, extending down the arm. 8 P. M. Severe sharp, intermitting pain in the left temple; sleep restless until about midnight. Awoke at 6 A. M., feeling tired and unrefreshed. Sexual desire increased; hard erections at night; lewd dreams with emissions.

20th, 6 P. M. Severe aching pain in the left supra-orbital notch. Twitching of muscles over eighth and ninth ribs (left side). Sleep restless and tossing till 12.

Awoke at daybreak feeling tired and heavy.

Great sexual desire, with emissions. Emissions every other night.

Small, reddish elevations, resembling furuncles, on the face, which, become pustular, and are accompanied by burning, stinging pains when touched.

Urine increased; light colored; specific gravity 10.23.

PROVING BY — SULLIVAN.

In good health; urine acid and normal.

Jan. 6th. Took one dose 5th.

Jan. 7th, 3 P. M. Scanty, soft stool, with burning at the anus. Dull pain in the muscles on the anterior part of the thigh, and in lumbar region, accompanied with feeling of lassitude and weakness in the same, especially in the legs; aggravated by moving.

7 P. M. Dull, steady, frontal headache (with vertigo when rising and when walking).

8 P. M. Full, pressing sensation in the head, from within outwards, as if the head would fly apart; greatly aggravated by motion and by study.

9 P. M. Severe pressing pains in the head, laterally, from within outwards, with sensation as if the frontal bones would split open; aggravated by turning the head, moving the eyes, or from the least motion.

Jan. 8th. Weakness and heaviness of the limbs.

Jan. 9th, 7:30 A. M. Took one dose 30th, 3 P. M. A peculiar dull continuous pain all over the head; aggravated by motion, turning the head, and stooping; relieved by lateral pressure upon the head; forehead hot.

Jan. 14th, 7 P. M. One dose 30th.

Jan. 15th, 10 A. M. Dull, heavy pain in frontal region, extending to the vertex; worse from motion; no appetite; bitter taste in the mouth.

1 P. M. Headache worse; aggravated by the least motion, stooping, bowing the head, or rolling the eyes; severe aching pain in the lum-

bar region, extending down the legs; aggravated by motion; legs and small of the back sensitive to pressure.

5 P. M. Intense pressing headache, as before; head feels disagreeable and sore, especially the supra-orbital region. Aching pain in the eyeballs, which feel sore; worse by moving them; better by closing them and keeping quiet.

6 P. M. Vertigo, with nausea, on least motion. No appetite; aversion to food. Raw feeling in the left side of the throat, extending from behind forward to the sub-maxillary gland; worse when swallowing.

9 P. M. Intense pain in frontal region and vertex, with *vertigo and nausea*. Could not sit up; greatly aggravated by even raising the head.

Jan. 16th. Great weakness of the muscles, especially those of the lower extremities and back. Dull, heavy feeling in the head.

Feb. 9th. One dose 30th.

10th. Sleep good. 8 A. M. Full heavy feeling in the vertex. Rough, raw, scraped sensation in the throat (left side). Urine normal, both in quality and quantity.

11th. 9 A. M. One dose 30th. 1.30 P. M. Full, heavy headache in the vertex; worse when stooping and moving eyes. Severe, sharp, shooting pain in centre of the eye, extending back to occipital region; pain seemed to follow the course of the optic nerve. Eyeballs sore to touch, with photophobia. Lids sore, and slightly swollen.

Feb. 13. 8 A. M. One dose 30th. 9 A. M. Headache, of a heavy, blinding, dizzy character, with great fulness; head feels as if it would burst open; head feels as if too small. Pains mostly in the vertex and frontal regions; stooping aggravates the pains, and causes vertigo. Headache comes on at 9 A. M., and steadily increases till I go to bed. Scalp sensitive to touch. Sore aching pain in infra-orbital region. Sore, painful sensation in the eyeball; styes, with soreness and swelling of lids.

Pains in the eye aggravated by strong light, and by turning the eye. Pupils dilated; cannot bear to look at a bright light.

Urine dark, high-colored. Specific grav., 1.025 to 1.028. Quantity about normal. Urination followed by burning. Diarrhoeic stool, with burning and smarting at the anus. Pains, heaviness and weakness of the muscles of the back and lower extremities. Coldness of the hands and feet.

Feb. 14th. Symptoms gradually subsiding. Wind in the bowels passed up and down—not marked.

PROVING BY W. S. F.

In perfect health; never had headache of any kind. Bowels normal and regular.

Jan. 29th, 3 P. M. One dose 30th. No symptoms.

" 30th, 8 A. M. " " " " "

" 31st, 8 A. M. " " " " "

Feb. 2d, 3 P. M. " " " " "

" 3d, 8 A. M. One powder of 1st cent.

" 3d, 3 P. M. Pain over right eye in supra-orbital region, sharp and vibrating, stopping a moment or so, and then beginning again (lasted half an hour).

Feb. 4th, 3 P. M. Dull, sleepy pain in the forehead, with sour eructations (lasting 1 hour).

9½ A. M. Dull, stunning pain in the chest, with twitching in the throat. Sharp, cutting pain in left temple over a small transverse branch of the temporal artery.

Feb. 5th. Awoke with very strong erections, and pain in the abdomen; pass great deal of wind from the bowels on moving; sour, bitter taste in the mouth; nose filled with mucus; can breathe only through the mouth; relieved by going into open air.

8 A. M. 1 dose 1st. 11 A. M. Pain in left anterior portion of thigh; could hardly flex and extend the legs, lasting fifteen minutes.

7.30 P. M. Sour eructations of gas and ingesta; severe pain in back portion of left leg, extending to the sole of the foot, with sensation as if foot would go to sleep; relieved by motion and open air.

Feb. 6th, 6 A. M. Awoke with emission and very firm erection, which continued about 10 minutes after the emission; crawling, stinging pains in abdomen; bad taste in the mouth of gas, and water brash; throat dry and husky; nose filled up; could only breathe with the mouth open; crawling pain in the sole of the left foot, and under the patella; sensation as if sand was in the eyes, with smarting pain and acrid tears; all symptoms relieved by cold water, and walking in the open air.

Feb. 7th, 8 A. M. 1 dose, 1st, 12 M. Rumbling pain in the abdomen; weakness of the legs at the knees; head feels as if falling forward; eyes watery; stinging pain in them; taste sour; bad taste in the mouth.

5 P. M. Dull, sleepy pain over left temple; chest feels tight as if encircled by a band.

Feb. 8th, 4 A. M. Terrible erections; 7 A. M.; awoke with sharp stinging pain in both eyes, and dull, rumbling, and colic-like pains

in the abdomen; numb, sleepy pain in the legs, extending to the bottoms of the feet, relieved by cold water, and open air. 9 P. M. Great heaviness of both legs; knees feel weak; lame and tired sensations all over the body.

General relief from open air and motion.

Most marked symptoms. Heaviness and weakness of the limbs; general lassitude; terrible erections; headache, which he never before had.

PROVING BY J. E. T.—1ST CENT.

In good health, bowels regular, urine normal. I first tried the 30th, 15th, 5th, with no effect.

Jan. 29th, 4 P. M. 1 powder, 1st cent. 8 P. M. Dull pain in the supra orbital region, coming from the occiput. Can't keep the eyes open in studying; general sense of lassitude. Sleep restless, with terrible erections.

Jan. 30th, 8 A. M. Same pains continue; worse from movement and stooping. Great weakness in the lower limbs.

Jan. 31st. No more symptoms. 4 P. M. 1 dose 1st cent. 10 P. M. Slight frontal headache, with sickness at the stomach, as from a weight.

Feb. 1st. Long-continued and violent erections all night.

Feb. 2d, 2 P. M. 1 dose, 1st. 7 P. M. Numb sensation in the lower limbs. Sleep restless. Erections like h—, violent, strong, and long-lasting, which I thought would surely rupture the penis; followed by profuse seminal emissions.

Feb. 3d. Dull pain in supra-orbital region. Soft, light-colored stool, passed with much straining.

6 P. M. Heavy, dull pain in the small of back.

Feb. 5th, 8 A. M. 1 dose 1st. 2 P. M. Dull, heavy headache in supra orbital region, as before. 9 P. M. Very sleepy; can't keep my eyes open. Urine increased, and of a light amber color. Numbness in the left foot.

Feb. 6th. Violent erections all night—could not sleep for them; had to get up, walk around, and bathe the parts in cold water. Pains in the calves of the legs, lasting all night. Dull, heavy headache, lasting all day, coming first on the right side, then spreading to the left.

7 P. M. Urine increased, and of a light color. Great weakness and heaviness of the lower limbs.

Feb. 7th, 8 A. M. 1 powder 1st cent. 12 A. M. Pricking sensation, as from needles, in the legs and feet. Soft stool, with much tenesmus.

Feb. 8th, 9 A. M. 1 powder 1st. 8 P. M. Pressure over both eyes; worse from studying and motion, better from sitting still. Sleep broken up by violent erections, lasting all night; had to sit up.

Feb. 9th., 2 P. M. 1 powder 1st. 9 P. M. Very sleepy and tired; head feels dull and heavy; feet feel as if frost bitten. Calves of both legs feel lame and sore. Urine still pale and increased. Sleep restless, and violent erections.

Feb. 10th, 11 A. M. Erections with severe pain in left testicle, as if bruised, extending up the cord as far as the external abdominal ring. 12 M. Dizziness and vertigo, lasting half an hour; worse when rising up from sitting position.

Feb. 11th, 8 P. M. Took 1 dose 1st. Sleeplessness all night. Arose at 3 A. M., and took a dose of Coffea, without effect.

Feb. 12th. Dreaming all night, but without the usual terrible erections.

PROVING OF ANDERSON.

Jan. 7th, 8 A. M. 1 powder 30th.

Jan. 8th, 3.30 A. M. 1 powder 30th. No symptoms.

Jan. 9th, 3 P. M. 1 powder 25th. 6 P. M. Rumbling in the abdomen, with crampy pains and flatus.

Jan. 10th, 10 A. M. Deep-seated pain in the right arm at elbow joint, between ulna and radius, continuing for several days. Also deep-seated sore pain—almost unbearable—in upper part of Scarpa's triangle of left leg; not relieved by pressure, cold, or warmth; worse at night, absent during sleep, and coming on on awaking. Loss of appetite and weakness of the extremities.

Mental Symptoms.—Great indifference; lack of will-power to undertake anything. Lame sensation in both shoulders.

Jan. 19th, 5 P. M. 1 dose.

Jan. 20th, 10 A. M. Sore throat; disagreeable sensation back of and above soft palate. Great weakness and debility of extremities. Stitches through the right side in region of the liver; seems to be mostly in the muscles. Rheumatic stitches in different parts of the body, with *great muscular debility*. Legs (anterior or extensor muscles) feel numb.

6.30 P. M. Contracted or squeezed sensation of left hemisphere of brain on going into open air.

Jan. 21st. Sore throat still continues, with *very great* debility of muscular system, especially of the lower extremities; unable to remain out of bed; no appetite.

Jan. 22d. Weakness of muscles; great indifference and lassitude.

Feb. 14th. One dose 2d cent. No symptoms.

Feb. 15th. One dose 2d cent. No symptoms.

Feb. 16th. Small, ineffectual, soft stool, followed by drawing up of the anus, and accompanied by some tenesmus. Cold extremities decidedly marked throughout the whole proving.

PROVING OF M. W. GALLUP—AGED 24.

Nervous temperament.

Feb. 9th, 1874, 10 P. M. One dose 5th.

Feb. 10th, 10 A. M. Twitching of lower portion of biceps of left arm, lasting half an hour.

12 noon. Sensation of fullness and heaviness of the head, with disinclination for mental or physical work; desire to sit still; aversion to talking or movement; fulness and heaviness increased till 2 P. M., when it developed into a severe throbbing headache; worse on the left side, but chiefly in the left eye and occipital region; markedly aggravated by going up stairs, which causes an intense throbbing pain in the eyeball.

4 P. M. Headache relieved; nausea, accompanied by intermittent gripping pains in the epigastric region, continuing until night.

Feb. 10. During the forenoon, at intervals, twitching of the biceps of left arm as before, with fullness and heaviness of the head, followed by throbbing pains in the eye and occiput (left), but not as marked as before; dulness and indifference; disinclination to talk and study; takes no interest in surrounding things.

Feb. 16th. 1 dose 5th, 10 A. M. 2 P. M. Fullness and heaviness of the head, with disinclination to do anything; headache increases and finally develops into an intense throbbing pain in left side of the head, chiefly in the eyeball and forehead, and extending backwards to occipital region; better from keeping quiet; worse from motion, and *greatly* aggravated by going up stairs; small furuncle in the left nostril.

6 P. M. Severe pain in the left inguinal region on walking, and aggravated by going up stairs; great heaviness and weakness of the lower extremities; aggravation between 10 A. M. and 2 P. M.

[In the *résumé* drawn up by Dr. Couch, the evolution-relations or symptom-groups are too much broken up to warrant its publication; a less faulty arrangement will be issued in our next number. We must add in justice to Dr. Couch that he did not desire to have his MSS. published until he had repeated his experiments upon animals, but it was felt that, even with all its incompleteness, this Picric acid job contains too much of value to permit its being withheld from the profession. We are even now using it with unequivocal benefit

in two cases of Motor Asynergy, and with it we have cured a case of Satyriasis of nearly three years "standing," in an adult, aged fifty-two, who had a syphilitic anamnesis. In all our cases the third centesimal trituration was used.]



THE APPLICATION OF REMEDIES TO THE PUERPERAL CONDITION.

By HENRY M. LEWIS, M. D., and HENRY MINTON, A. M., M. D.

(Continued from page 128.)

Cimicifuga Racemosa.

PREGNANCY.—This remedy is especially suited to nervous, hysterical women of a rheumatic diathesis. Cures the erratic neuralgic pains to which pregnant women are so liable. Chorea. Lancinating pain over either eye or in the eyeballs, aggravated every other day. Heat, sense of fullness and throbbing in the head; better in the open air, aggravated by heat of stove. Throbbing in the head when ascending; cramps in the extremities.

ABORTION—Labor-like pains coming on with feeling of weight and bearing down in the uterine region, at the end of the first, second or third month of pregnancy. Tendency to habitual abortion, when cold chills and pricking pains in the breasts are attendant symptoms. The pains are griping and spasmodic; the flow of blood dark and coagulated; the patient is nervous and low-spirited; hysterical crying after abortion.

BEFORE LABOR.—This remedy has been highly recommended to be given before labor, for several weeks, it being claimed that it facilitates parturition, renders the labor, in a great measure, painless and of comparatively very short duration; no specific indications are given.

DURING LABOR.—Spasmodic, painful, and intensely powerful, but intermitting contractions; tearing, distressing pains, seemingly not confined to the uterus; violent spasmodic pains with great nervous excitement; convulsions. It is said to relax the circular muscular fibres of the os and cervix, and to produce "almost marvellous results" in hastening the labor.

AFTER LABOR.—Where the after pains seem to be of a neuralgic character, and are continued by mental or nervous irritability, the patient being sleepless, restless and low-spirited; feels all her sufferings very acutely.

CONVULSIONS.—The spasms being preceded and brought on by great mental excitement; visions of objects not present. The spasms are very violent, and are followed by great languor and relaxation of the entire system.

PUERPERAL MANIA, characterized by *intense sadness*. She is very gloomy, despondent, and unhappy; the very lowest possible state of mental depression.

LOCHIA.—Suppression of, from cold or other causes, with febrile symptoms and rheumatic pains in all the limbs.

Cinchona.

PREGNANCY.—Low-spirited; feels unfortunate; that she is harassed by enemies; very fitful and changing mood. *Full of plans, projects, and ideas, especially in the evening and at night.* Dizziness and heat in the head; it feels dull and muddled; slight motion of the head up and down relieves the pain, as does also shutting the eyes. The veins of the head and face are full and congested. The slightest contact aggravates the headache; worse also in drafts and the open air. *Always feels badly after eating*; the abdomen becomes distended, and she is languid and desires to lie down. Great accumulation of flatus, distending the abdomen so that *she has to loosen her clothing; no relief from eructations or discharge of flatus.* Heartburn after every meal, with accumulation of water in the mouth, and empty retching. Desire for various things, hardly knowing what she does want. Bitter taste in the mouth and back part of the throat; has constantly to swallow saliva; food tastes bitter. Canine hunger, particularly at night, of aversion to all food whatever. Costiveness, with accumulation of feces in the intestines, and distention of the abdomen; difficult passage of the stool, even when not hard; loose, diarrhoeic, watery, undigested, painless stools; *painless stools with great prostration*; much discharge of flatus with stool, but no relief to the bloated feeling. *Chocolate-colored stools of cadaverous smell.* Bleeding piles; burning and itching, and tingling in the anus. Discharge of mucus from the rectum.

ABORTION.—Is particularly valuable in weak and exhausted subjects. Frequent discharge of dark clots of blood; great bearing down—spasmodic pains in the uterus, with discharge of blood at intervals; after large hæmorrhages when the patient faints on the least exertion; she is giddy and drowsy, has singing in the ears, vanishing of sight and loss of consciousness; the extremities are cold, the pulse lost, and the face pale and deathly; distended abdomen, *it feels stuffed full*, relief by passage of wind or feces is characteristic; frequent desire to urinate—the urine is pale; cessation of all pain from loss of blood and

collapsed condition. This remedy will prove more useful in removing the bad symptoms after the hæmorrhage has ceased, than in controlling the flow. Is of use after abuse of Chamomile tea.

BEFORE LABOR.—Is occasionally indicated by the characteristic symptoms of the abdomen and bowels.

DURING LABOR.—She cannot bear to be touched during the pains, and touching brings back the pains when they have ceased. When much blood has been lost and the pains cease as a consequence. Fainting or convulsions from loss of blood.

AFTER LABOR.—Hæmorrhage in the most desperate cases; the head heavy and giddy; consciousness suspended, and the patient apparently drowsy and sleepy; when the patient suddenly becomes weak and faint, the extremities cold; convulsive motions about the mouth, and contortions of the eyes; the hands and face look cyanosed and ghastly, while jerks and tremors pass through the body; there may be no external or apparent loss of blood, or the blood may escape in starts, when spasmodic contractions of the uterus occur which pass off with tenesmus and pain in the anus; the discharge increasing with every pain; there is colic, tension of the abdomen, and frequent urging to pass water in the debility remaining after profuse flooding.

CONVULSIONS, from loss of blood.

LOCHIA, long lasting lochial discharge with intensely painful drawing pains in the region of the ovaries; lochia, dirty bloody, extremely fetid, alternating with a cheesy purulent substance.

PHLEGMASIA ALBA DOLENS, with violent tension in the affected parts, and when these parts are exceedingly sensitive to pain during contact and movement; when the lochia is suddenly arrested and there is a feeling of fullness in the pudendum, and a general sense of uneasiness through the body.

PUERPERAL FEVER.—Where the symptoms indicate.

BREASTS.—Milk scanty, thin, or wanting after long labor, long continued and profuse lochia or other debilitating causes.

CINCHONA is particularly suitable for debility caused by loss of animal fluids, hæmorrhages, long-continued nursing, when as attendant symptoms we find œdema of the feet, emaciation, and great loss of strength. It acts best on nervous women of feeble constitution, and whose menses have been habitually profuse. Periodicity, aggravation of the symptoms every other day. The face is pale and sickly; the complexion a greyish yellow.

Cinnamon.

ABORTION.—*When brought on by a strain; after a false step; after*

lifting heavy weights, straining the loins. The hæmorrhage is a profuse flow of red blood.

AFTER LABOR.—Cinnamon is highly extolled as a *general remedy* for sudden profuse flooding of bright red blood. The remedy to be given low. I am unable to find any well-marked or distinctive indications for its use.

CONCOMITANTS.—Constant restlessness; tosses about during sleep. Diarrhœa aggravated by drinking. Much flatulency. *It is the most important remedy in uterine hæmorrhages caused by over-lifting.*

Cocculus.

PREGNANCY.—Frequently indicated in nervous disorders arising from and during pregnancy. Absorbed in reveries and sad thoughts. Anxiety, as if she had committed some crime; starts at slight noises. Thinking fatigues the head. The head feels dull and cloudy, as after night watching or indulgence in wine. The headache is aggravated by *drinking, eating, sleeping or talking.* Headache, as if the eyes would be torn out, unable to touch the back of the head to a pillow, must lie on the side; light aggravates, and noise or motion excites nausea, giddiness and vomiting. *Violent nausea from riding in a carriage.* Nausea early in the morning in bed, she is scarcely able to raise herself. When cold, or when taking cold, inclination to vomit, with copious secretion of saliva. Nausea, resembling sea-sickness, the stomach seems to heave up and down; objects appear to sway about or to rise and fall. Nausea even to faintness, with great nervous prostration.

Burning in œsophagus and fauces, with a sulphury metallic taste, coated tongue and aversion to food. Frequent empty eructations. Fetid eructations. *The abdomen is distended and feels as if full of sharp-cornered stones, which hurt her at every movement.* Violent spasms of the stomach, with griping, tearing sensations. The abdomen is distended with flatulence—which constantly shifts about, making a hard tumor, now here, now there. Pricking, sticking pain in the bowels. *Paralytic pain in the small of the back, rendering walking difficult or impossible. The bones of the back feel bruised.* Drawing pain in the back. Paralytic immobility of the limbs from the small of the back down. Constrictive, rigid sensation in the thighs. Feeling of weakness in the knees as if they could not support the weight of the body. The thighs feel dead and heavy. Stool hard and constipated; discharged with difficulty every other day. After stool tenesmus, which almost makes her faint.

Frequent desire to urinate; watery urine flowing profusely, occasioned by nervous hyperæsthesia, and attended with hysterical spasms; discharge of bloody mucus from the uterus; leucorrhœa, like serum, comes in a gush when stooping down; spasms with great weakness, so they can hardly speak, and attended with flatulent distention of the abdomen.

ABORTION.—Attended with characteristic gastric disturbances; paralytic pain in the back rendering the lower extremities almost useless; feeling as of a stone in the abdomen, with pains like subcutaneous ulceration, when moving and touching the parts.

DURING LABOR.—Pains mostly in the back and coming spasmodically; when she has a pain her legs feel numb and paralyzed; irregular pains, first a hard one and then, after a long interval, several short ones in quick succession; cramps in the limbs, sometimes extending over the whole body; cramps in the lower part of the abdomen, with heat, redness and puffiness of the face.

CONVULSIONS.—May be called for in convulsions of hysterical subjects where the trouble starts with cramp-like sensations in the hands and terminates in spasmodic movements.

GENERALITIES.—The paralyzed feeling of the lower extremities, with the bruised pain in the back, points strongly towards this remedy, as does also the stuffed feeling in the abdomen as if it was filled with sharp sticks or stones; is especially suited to nervous vivacious temperaments.



ON POISONING BY VANILLA-ICE.



Read by Dr. L. ROSENTHAL, before Berlin Medical Society.



I come before you with the open confession that, in spite of all the trouble I have taken, I have not succeeded in solving the problem of poisoning by vanilla-ice. The chemical investigations carried on under my direction, by order of the President of the Police, by Dr. Schädler, have shown that the hitherto most current and plausible hypothesis, that the poisoning is to be attributed to cardol, is untenable; but experiments which I have made in conjunction with that gentleman, on rabbits and cats, have had a negative result. We fed the animals with decoctions both of the pod and of the pulp of vanilla. We repeatedly administered to them

vanilla-ice, obtained from the Vienna café. In all cases the animals subjected to experiment remained healthy, and showed no condition varying from the normal state. Under these circumstances, I have thought it my duty to bring the subject before this Society, hoping that my communication will be followed by a discussion, by which some light will be diffused over the obscurity in which poisoning by ices has hitherto been shrouded. In my opinion, poisoning by vanilla-ice is not so very rare as is generally assumed, especially when we consider that vanilla-ice is not one of the articles of food in every-day use. Cases of poisoning of this kind were, within my knowledge, first observed and described by Orfila, in Paris, more than twenty years ago; and in that city, cases of poisoning by ices have repeatedly come under notice from time to time. Similar observations have been made in some other places on several occasions,—in Vienna, in Munich, in Leipzig, in Amiens, in Erlangen, Altona, and Bergen. Here, also, in Berlin, cases of poisoning by vanilla-ice have occurred more than once; but whether they have been described, I am not aware. All these cases of poisoning have this peculiarity, that they always have one starting-point. All—or, I will say, nearly all—the persons who at a certain time eat vanilla-ice in a certain café become ill, while other persons in another, place do this with impunity. Here in Berlin, in the last days of August, 1873, an endemic of this kind prevailed. All the persons who at this time ate vanilla-ice in the Vienna café suffered from more or less severe symptoms. I was in the position of being one of the first to observe the cases of illness, and to trace them to poisoning by ice. Allow me to relate my first observation somewhat in detail, as I shall be thereby enabled to set forth the symptoms, the duration of the illness, etc. During the night of August 26–27, I was called to a family, in which I was attending one of the daughters in the last stage of phthisis, I had visited on the evening of the 23th. With the exception of the consumptive patient, all the family, consisting of the father, mother, and two other daughters, were in perfectly good health. The messenger told me that nearly the whole family had cholera. Even though, as you know, cholera was prevalent here at the time, the simultaneous and sudden attack of the whole of the members of a family was rather extraordinary; and the next idea that occurred to me was, that it was a case of poisoning. On inquiry I was informed that the patients had eaten ices in the café in the evening. As, so far as we know, it is only vanilla-ice that causes poisoning, I made inquiries as to whether they had taken vanilla-ice, and found that they had.

done so. In this way, I entered the sick chamber with a diagnosis already surely made.

The mother and one of the daughters had each eaten a portion of vanilla-ice about 10 p. m.

They had taken a third portion home, and had divided it into two equal parts. Of one of these the father ate two teaspoonfuls, and gave the remainder to his consumptive daughter; the third daughter ate the other half, and a little old dog licked the one plate that was used. All the members of the family, including the dog, were taken ill during the night. At 11 p. m. the eldest daughter began to vomit and violent diarrhoea soon afterwards set in; half an hour later the same symptoms showed themselves in the mother, and the remaining members of the family followed. It is to be observed, that only the two healthy daughters slept together in the same room; all the other patients had separate bed-chambers. On the whole, the severity of the symptoms was in proportion to the quantity of the ice taken, so that the mother and eldest daughter suffered most; the father least. He had vomiting and diarrhoea twice only; then followed the phthisical daughter, and finally the third daughter and the mother. As no notice was taken of the dog during the night, I cannot say when the symptoms of disease began in it; but the next morning we found the room extensively soiled with vomited matters and feces, and the symptoms continued through the whole of the next day. The animal refused food, did not come when his master called him, and showed by his behavior that he was in great pain. The evacuations on the second day consisted mostly of whitish mucus. I return now to the human subjects. The symptoms in the mother and one of the daughters were so violent, that they nearly completely assumed the form of cholera. Vomiting followed vomiting, stool followed stool. To these were added violent cramps in the calves of the legs, coldness of the extremities, lividity of the limbs and of the face, and the pulse could hardly be felt. Under these circumstances, I am not surprised that other colleagues, who had not the opportunity of observing these cases of illness in the greater number of members of a family at the same time, have diagnosed the disease as cholera or cholérine. I will, however, remark, that both those who were so severely attacked had violent gastralgic and enteralgic symptoms, and that the pupils (as also in the other cases which I have observed) were moderately dilated, and were slow in responding to the stimulus of light. The duration of the illness was greater or less according to the severity of the symptoms. The mother was quite well, with the exception of

some weakness, on the fourth day. The prognosis, from the observations already made, was favorable; for, hitherto, no case of death from poisoning by vanilla-ice has come to our knowledge. In the same night, several quite similar cases occurred. I will here briefly relate those which have come to my knowledge. Herr Güterbock, senior, was kind enough to send me one of his patients after recovery. He and his wife had suffered from the same symptoms as have been described above. It is remarkable, however, that this gentleman suffered for some time from a painful sensation, as of burning, in the mouth and throat. In these parts, a number of red and inflamed spots were seen on the third day; and, at the time I was inclined to attribute them to the action of cardol, which, according to Schroff, acts even more energetically than cantharidin. This observation, in the mean time, stands me alone; in the other cases I observed nothing of the kind. Three other cases were observed on the same night by Herr Riedel, in a family which had eaten vanilla-ice. As, however, Herr Riedel declared the patients to be suffering from cholera, and at the present day asserts that this was the disease, I will make no further comment on his cases. The patients recovered. A day later another case came under my observation. The patient had eaten some ice about 2 p. m., after his dinner; at 5 o'clock he was taken ill, but recovered the next morning. Finally, two other cases came to me in the night of September 1st and 2d. Similar cases were communicated to me by Messrs. B. Fränkel, Steinauer, Danziger, O. Simon (who himself was poisoned), J. Meyer, Citron and Oppenheim. Besides these, I have heard of a number of cases through the public. Among them I will mention a family in the Chausseestrasse, of which all the eight members were taken ill in one night.

It would be interesting to determine how many persons altogether became ill at this time from vanilla-ice, and how many escaped in spite of its use. In the mean time, this remains a *pium desiderium*. The discussion will perhaps afford some further information. I come now to the question. Wherein lies the source of poisoning by the use of vanilla-ice? We may here reasonably take three possibilities into consideration.

The symptoms may be caused: 1. By cold; 2. By the materials constituting the frozen substance; 3. By other injurious substances accidentally introduced. Regarding ice as such, we know well that its use may be followed by gastric catarrh and other slight stomach disorders, but it is not known that symptoms resembling those of cholera follow its use. Further, the following fact is opposed to this

idea. Symptoms like those which I have already described have never yet been observed to follow the use of fruit-ices; and among cream-ices it is, as far as our knowledge extends, only vanilla-ice that has produced symptoms of poisoning. I here beg leave to remark, in passing, that fruit-ice is prepared with sugar and the acid of lemons, to which the desired fruit-juice is added, while in the preparation of cream-ice, eggs and cream are used, and the flavor is given by adding vanilla, chocolate, etc. Besides these, the various kinds of cream-ice are boiled before being introduced into the freezing vessel, which is not the case with fruit-ice.

While we must exclude the mixture as such from suspicion as the cause of the severe symptoms of poisoning, we succeed no better when we take into consideration the materials accidentally introduced into the ice. The most careful chemical examinations have given the following results: Most frequently (as in our case) traces of lead are found, now and then more or less iron, and in two cases there were not inconsiderable quantities of tin. As we may exclude the lead and iron (the former on account of its small quantity) from suspicion as the cause of illness, there remains only the tin; and, in fact, Green, who made a chemical examination of the ice which led to poisoning in Altona, has expressed the opinion that the tin combines with the lactic acid formed from the cream, forming a lactate of tin, which acts as a poison on the organism. The experiments, however, which Maurer, of Erlangen, has made with tin on animals, have shown the complete harmlessness of this metal. I will finally remark on this subject, that in our case the vessels used in the preparation of the ice were found to be in a faultless and thoroughly clean condition. The ingredients were boiled in well-tinned copper vessels, and the freezing was carried on in clean porcelain cylinders. With regard to the materials used in the preparation of the ice, I have already mentioned the milk. Whether eggs can give rise to symptoms of poisoning, is unknown to me; and thus we come to the only remaining possibility, that the poisonous agent is contained in the vanilla-pods. Up to the present time, we cannot furnish certain evidence on this point. The idea is opposed by the fact that, though vanilla is extensively used in the preparation of tea and chocolate, as well as of sauces and soups, which only differs from vanilla-ice in containing greater quantity of milk and in being of a higher temperature; the use of these was never observed to be followed by symptoms of poisoning. We cannot regard any of the substitutes for vanilla, such as balsam of Peru or storax, as the vehicles of the poison, since in all the

known cases it was really vanilla that was used in the preparation of the ice, and neither Peruvian balsam nor storax can be reckoned among poisons. I must, on the other hand, mention a circumstance which in my opinion gives incontestable evidence that the poison is contained in the vanilla-pods. Cases of poisoning by vanilla-ice occurred in a confectioner's shop in Altona. The proprietor of the shop was in consequence obliged to give up his business; the vanilla-pods in his store went into the possession of a confectioner in Bergen, and the ice made with these pods proved to be poisonous. I now hold, with many others, the opinion that the symptoms of poisoning produced by vanilla-ice must be placed to the account of the vanilla-pods; but the endeavors to ascertain the poisonous agent have hitherto been in vain. Martins believed that he had found it in the crystals covering the pods, since, he observed, that the pods gathered in the East Indies were covered with crystals of a different shape from those on the pods imported from Mexico. In our case, the pods had no crystals at all. Schroff, who had occupied himself with the subject most thoroughly, has put forth three hypotheses, of which he holds the first to be most probable. "In Columbia," he says (*Lehrbuch der Pharmacognosie*, 2d ed., 1869), "the pods are greased with the fatty oil from the seeds of the *anacardium occidentale* (cashew-nut) and dried in the sun. As a very acrid juice is contained between the endocarp and ectocarp of this fruit, it is possible that, in preparing the oil from the seeds without sufficient care, this, and the vanilla-pods over which it is rubbed, may become contaminated with the acrid juice; and that in this way the occasional occurrence of poisoning after the use of vanilla-ice may be explained in these cases, where no other injurious condition can be ascertained." In another place (*Wiener Medizinische Wochenschrift*, No. 82, 1863,) he says that experiments on rabbits with cardol prepared from this oil have shown that it is capable of producing the symptoms observed in patients. Setting aside the fact that other observers make no mention of the rubbing of vanilla-pods with the cashew-nut oil, Schroff does not show that the cardol used in the experiments was derived from vanilla-pods. Thus his hypothesis loses probability, and Dr. Schädler has been informed that there was no cardol in the vanilla-pods obtained from the Vienna café. The second hypothesis which Schroff put forth, and to which he himself attached little weight, is the following: In the vanilla-fruits, on careful microscopic examination, there are found in the parenchymatous cells of the mesocarp, packets of sharp-pointed needle-shaped crystals, which were very

large in the vanilla used in preparing the ice in question; and, according to Lonbeiran, they act like nettles on the skin. These must act as mechanical irritants; but in the ice examined, they were always in a broken up condition. Finally, whether any of the fatty acids formed under certain circumstances may be the cause of the poisoning, must remain undecided—as yet there is no proof of such a cause. In conclusion, while I thank those who have assisted me by contributing facts and by searching through the literature of the subject, I must guard myself against being supposed to advance a new hypothesis. I abstain from this the more, as the necessary knowledge is wanting to me. But there is one thing to which I may direct attention. Not to mention that the various kinds of vanilla differ much in quality, I have found it stated by Schroff alone that the pods are gathered when ripe. All other authors state that they are gathered in the unripe state, and prepared in many ways for use. I here add what Henkel (*Handbuch der Pharmacognosie*, Tübingen, 1867,) says, from Von Müller's travels in Mexico. He first describes vanilla as the dried unripe capsules of the *Vanilla planifolia*; then gives the following account of its preparation: "The Indians of Misantla collect the vanilla in the mountains and forests of Quilates; the fresh capsules contain an acrid viscous juice, which protects them against insects. The Indians, who only betake themselves to the forests for eight days at the time of the gathering, often sell the raw fruit to the colonists, who then prepare and dry them, and tie them in bundles for sale. In Misantla, the most usual way of drying the vanilla is to spread the shrivelled yellow fruit on linen in the sun for some hours. When the pods are sufficiently heated they are wrapped in woollen cloths, where they soon assume a dark copper color; they are then exposed to the sun from morning to evening until they are dry. When the use of the sun is prevented by continued rain, artificial heat is employed; frames are made of reed or bamboo, which are suspended by cords at the four corners and covered with woollen cloths, on which the capsules are spread. These frames are swung over a fire that does not smoke, until the pods are dried. In the State of Oaxaca the natives dry the vanilla by piercing the capsules all over with needles, so as to allow the escape of the viscous juice." Fluckiger (*Lehrbuch der Pharmacognosie des Pflanzenreichs*, Berlin, 1867,) expresses himself in a similar way, though not with so much detail. In the second year, the fruit buds ripen into an entirely non-aromatic pod-shaped fleshy capsule, with a viscous milky juice, and opens longitudinally in two unequal valves. It is not allowed to become fully

ripe, but is collected when its green color is beginning to pass into brown, and is dried, according to some accounts, in a very elaborate manner, inasmuch as it is subjected to heat either exposed or wrapped in woollen cloths ; under this treatment it ripens, and first develops the aroma and the favorite dark brown color of the commercial fruit. From these statements, it is difficult to imagine that in some of the pods—and, as far as we know, it is only individual pods that are poisonous—the process of artificial ripening is not complete, and that it is the unripe pods which produce the symptoms. I content myself with having called attention to this question. May those who are more skillful decide it.

The reading of Dr. Rosenthal's paper was followed by a discussion (a report of which is given in the *Berliner Klinische Wochenschrift* for December 22, 1873). Dr. B. Fränkel said, that as his name had been mentioned, he would give further information on the cases of poisoning observed in his family. Several persons were taken ill, nearly in the proportion in which they had partaken of a certain dish. The symptoms were those of vanilla-poisoning, such as had just been described by Dr. Rosenthal. One person alone of the household, who did not eat any portion of the dish, remained unaffected. The dish in question was a warm farinaceous preparation, to which vanilla was added in preparation. It was made in a porcelain vessel, and was so simple in composition that the illness could only be attributed to the vanilla. He had given to Dr. Liebreich for examination some vanilla-pods, obtained from the same dealer, and taken from the same packet as those which produced the poisoning. Dr. Veit said, that on the night of August 28 and 29, he observed a case of poisoning with vanilla-ice. He took special notice of the facts, because a female friend of the patient (a woman), who had eaten of the same ice, was taken ill with similar symptoms. The symptoms were those of cholera, but the gastric pain was of longer duration, and recovery slower. Dr. Kalisher on the same night saw a similar case of illness in a lady who had eaten some ice in the Vienna café. One of her children also ate of the ice, but was not ill. The symptoms were very severe, and the consequent prostration lasted several weeks. Dr. Hensch was able to give particulars of a former series of cases of poisoning, in which, at an evening party, there were various ices, obtained from one of the first confectioners in Berlin. Dr. Hensch ate some vanilla-ice, and four hours later was taken ill. His evacuations were colorless, and quite resembled those of cholera, which was not epidemic at the time. On the other hand, he had no pain in the stomach or bowels, a circumstance which spoke against metallic poisoning. In the same

night, a young girl and fourteen other persons of the same party were taken ill with similar symptoms; they had all eaten vanilla-ice. Those who ate other ices were not attacked. In his own case, the diarrhoea lasted four hours. No changes in the pulse or in the temperature were observed. On applying to the confectioner, he was assured that vanilla-pods of the same kind had been used for some months without producing poisoning. The pods shown to him were abundantly covered with crystals. It was remarkable that the symptoms were specially severe in those persons who had eaten the portions of ice nearest to the containing vessel, especially the servants, who scraped it to obtain the portions of ice that adhered to it. In these the symptoms were so severe that death was feared. This circumstance appeared to indicate metallic poisoning. Dr. Schiffer remarked that, in consequence of the high price of vanilla, it frequently underwent falsification in trade, especially by the substitution of other pods like those of the vanilla. The possibility of poisoning from this source must be borne in mind.

SURGERY.

THE SURGERY OF THE JOURNALS.

In the *Medical Record* for May 1st, is the report of a lecture on "*ununited fracture, and a deformity produced by muscular contractions*," by Lewis A. Sayre, M. D., which contains some interesting points. The first case related is that of a broken femur, which had failed to unite, and was treated by thorough manipulation by Prof. Wood; inflammatory action supervened, and the result was successful. The leg was shortened, and the patient had not yet recovered the use of the limb, because the space between the points of origin and insertion of muscles of the thigh was shortened, and necessarily they were "slack." The question here arises, whether, Calc. carb., Calc. phosph., Symphytum, Silicea, Phosphorus, or some of the preparations of Potassa, or Churchill's Hypophosphites, would not have produced a similar result. In several cases which have come under my supervision, homœopathic medicines, with perfect rest and a good diet, have been successful. In others, however, I am bound to say that these means were not productive of good, and that operations were necessary. There are several methods of procedure which may be resorted to, if friction, as used in this case, does not suffice. Cutting down upon the bones and perforating the fractured extremities with Brainerd's perforator; the use of wine of iron, or silver; the ivory peg system of (I think) Dieffenbach, as practised by the

late Dr. Mütter, of the Jefferson College, all have been followed by success. In the latest work of Dr. Geo. W. Norris, who for years was surgeon to the old Pennsylvania Hospital, and who performed in its uncomfortable amphitheatre the first amputation I had the pleasure of witnessing, is a very elaborate and comprehensive article on this subject. He mentions, as methods of cure: 1st. Compression and rest, for additional time, if, upon removing the dressings at the usual period, no union has taken place. 2d. The application of blisters, iodine, or some stimulants at the seat of fracture. 3d. Friction, as used in the case mentioned. 4th. Seton. 5th. The application of caustic-potash to the fractured extremities of the bone. 6th. Resection of the ends of the bones, and as a very last resort, 7th, Amputation, but never until all means have failed. Dr. Norris then gives some important facts regarding the proportion of cures, and his authority in statistics is reliable. His tables (and he has arranged many on various surgical subjects) are always full and complete, and bear the impress of great care; they give the following results:

"1st. That non-union after fracture is most common in the thigh and arm. 2d. That the mortality after operations for its cure follows the same law, as after amputations and other great operations on the extremities; viz.: That the danger increases with the size of the limb operated on, and the nearness of the operation to the trunk; the mortality after them being greater in the thigh and humerus, then in the leg and fore-arm. 3d. That the failures after operations for their relief are most frequent in the humerus. 4th. Failures are *not* more frequent in middle-aged and elderly, than in young subjects. 5th. That the seton, and its modifications, is safer, speedier and more successful, than resection and caustic. 6th. That incising the soft parts previous to passing the seton augments the danger of the method, though fewer failures occur after it. 7th. That the cure by seton is not more certain, by allowing it to remain for a very long period, while it exposes to accidents. 8th. That it is least successful on the femur and humerus."

I have taken the liberty of quoting these deductions in full, because they are replete with instruction.

Billroth's Case of Extirpation of the Larynx with the Epiglottis.

Can a man live without a larynx? Can the "vocal-box" be extirpated and voice be preserved? Can the act of deglutition be performed without an epiglottis? The surgery of to-day answers triumphantly in the affirmative to these questions. The celebrated

surgeon of Vienna recently removed, for the first time in the annals of surgery, the larynx and epiglottis. It is said that Czerny, in 1870, had demonstrated that such an operation was practicable, but Billroth can claim priority in the actual removal of the parts in question.

The patient was a strong and healthy man, who had been frequently on the point of suffocation from the presence of cancerous growths in the larynx. These had once been removed by opening the cartilages in front, excising the tumors, and applying to the surfaces a solution of the perchloride of iron. This procedure was for a time followed by success, but new growths made their appearance, with symptoms of aphasia. It was therefore decided that the whole larynx must be removed, which was accordingly done, and the patient survived the operation, breathing through a tube inserted into the trachea.

This operation was performed on Dec. 30th, 1873, and was reported in *The British Medical Journal* for 1874. On February 27th the patient was presented to the Vienna Medical Society, *able to talk*. "The apparatus consists essentially of two curved canulæ, a tracheal canula, and a voice canula, and for vocal purposes there is a tongue of silver plate, capable of producing a deep note. This has been proved by experiment to be preferable to one with a high note, as it allows more space for breathing, and the air can pass more quickly and more readily produce vibrations on the metallic tongue. By means of this apparatus, *the patient is enabled to speak in a clear, sonorous voice*; but before he can speak he is obliged to expectorate, to remove the secretion accumulated in the tube. Experiments have been made with a view to forming an apparatus of elastic membrane." This patient also has learned to swallow, by pushing the dorsum of the tongue back during the act of deglutition, which closes the openings into the air passages, and an artificial epiglottis has been invented.

LACTIC ACID IN DISEASES OF THE BONES—A POINT IN MATERIA MEDICA.

In the *Medical Record* for May 15, I find an article headed "*Artificial Production of Rickets and Osteomalacia*," which is well worthy of mention, especially in a Homœopathic Journal. It appears that Heitzmann has lately been making some experiments with lactic acid, and that selecting a number of dogs and cats, he fed them every day with a small quantity of the drug, at the same time injecting it subcutaneously. After two weeks the epiphyses of the long bones, and the ribs at the attachment of the costal car-

tilages, began to enlarge, and, at the same time, there was diarrhoea and emaciation. These symptoms increased, and finally there was bending of the bones in a marked degree. The microscope revealed *the same appearances as seen in the bones of persons suffering from rickets*. To make the experiments still more certain, some of the animals were allowed to recover, and were treated in the same manner a second time *with precisely the same results*. By persevering in the use of lactic acid for four months, every appearance of osteomalacia was presented, the medullary substance passing a great degree of vascularity, and the compact structure being much thinned.

In those animals living almost exclusively on vegetable diet, there was a somewhat different result, death ensuing in from three to five months. The conclusions arrived at are: "That carnivorous animals, fed on lactic acid, first develop rickets and then osteomalacia. Herbivorous animals, on the other hand, develop osteomalacia without previously having rickets. Finally, osteomalacia and rickets seem to be due to the same general cause, viz., an excess of lactic acid in the system.

W. T. H.

RESECTION OF THE KNEE-JOINT.

The value of all observations relative to resection of the joints is so apparent, and all practical experience in such matters is so necessary to the operative surgeon, that we take the liberty of placing before our readers the following valuable observations of NUSSEBAUM, from the *Aerztlichen Intelligenzblatt*.

W. T. H.

NUSSEBAUM ON RESECTION OF THE KNEE-JOINT.

In the present state of our knowledge, resection of a joint is indicated when the joint injury or malady is not curable by conservative means, and when the extremity is in otherwise good condition, and the large arteries and nerves intact. An exception, however, is made of the elbow and knee-joint. In the elbow-joint many surgeons perform resection, and even in those cases where a cure without operation is possible, because the result of a well-executed elbow-joint resection is better than any obtainable by conservative surgery. In the latter case, ankylosis is

the rule, while in the former an amount of motion nearly equal to the normal can be reached; besides, the conservative treatment is not of shorter duration, and may even be more dangerous than resection. The second exception is the knee-joint. Wounds of the knee-joint heal very seldom with conservative treatment. Many of the cases described as such have been imperfectly diagnosed, and in some the joint was really not opened; in others the capsule was injured without wound of the bone.

Simon, Lossen, and Langenbeck have lately thrown much light on this point. If these doubtful cases be subtracted, the conservative treatment will show but few successful results. I have observed a large number of cases, especially in the war of 1866, where surgeons were tempted to pursue conservative treatment in knee-joint injuries, but the results were unfavorable, and, finally, neither resection or amputation could preserve life. During the last war I treated conservatively two cases of knee-joint injury. During the first seven days, under my own care, they progressed favorably, but, as I afterwards learned, they died after a tedious illness, during which many incisions, drainage, and, finally, amputation were practised. I do not hesitate to affirm that up to the present time much more injurious than good effects have followed conservative treatment. One only hears of the fortunate results. The fatal ones are not told. This dangerous plan recommends itself only to those who do not possess sufficient science, skill, and courage to operate. It is a mantle for their unskillfulness. When it has been determined not to treat a knee injury conservatively, opinions differ very much. Some consider that amputation of the thigh should be performed, while other surgeons, among whom I reckon myself, consider it a mistake to sacrifice a completely healthy leg and foot. If the popliteal artery or the soft parts of the posterior aspect of the limb be injured, or the great nerves be torn, amputation of the thigh should be performed; but if these parts be uninjured, and the leg and foot be sound, which is generally the case in gunshot wounds, I consider resection of the knee is indicated. It is, in my opinion, a reproach against science and against physiology to look upon amputation of the thigh and resection of the knee as in the same category. Does the removal of a third of the entire body produce a favorable impression upon the organism? Is the division of the femoral artery, the great veins and nerves, a matter of no importance? or the mass of muscle which must necessarily be divided in the wound? All these are untouched in a resection of the knee. I have often, in this operation, had occasion only to tie a couple of small vessels. If an amputation would be a less serious injury than a resection, then I bid adieu to physiology.

Consider for a moment the impression which the two operations make

upon the body. Many cases of amputation of the thigh die almost immediately, or within a few hours after the operation. Such a rapid death never occurs after resection. Perhaps it is the bad results of resection which deter the operator. This cannot in truth be urged. I have many examples of knee-resection, where the subjects can walk quite well without a stick. In a few, where no bony union has taken place, a small steel splint afforded the necessary amount of stiffness; but not one have I seen who would exchange his condition for amputation. Even those where I have removed pieces of femur seven inches long, and who walk with an instrument, are far more fortunate than the amputated ones, who experience but a brief period of satisfaction with their artificial limbs. In the beginning, an artificial limb is thought a great deal of, but in a couple of months it become unbearable, and the patient takes to crutches instead.

If all these points speak so favorably for resection, what is it, then, that stands in the way of its adoption?

A certain number of surgeons say that statistics have definitely pronounced against it. All statistics known to me, on the contrary, are in its favor. The comprehensive statistics of Wittich (Tubingen, 1871,) fix the mortality of resection of the knee at 19 per cent., and of amputation of the thigh at 45 per cent. In very young people the mortality after knee-resection falls to eleven per cent.

Dr. Metzler, in Darmstadt, in 1872, cured seven knee-joint resections out of eleven. Von Bruns had seven successful in succession out of nine cases. I should like to know what surgeon in the world has seen seven amputations of the thigh in succession get well, or has cured seven out of eleven cases.

Dr. Lotzbeck, although strongly in favor of amputation, states the mortality to be 74 per cent., while that of resection is 72 per cent.; but his numbers are small, and therefore liable to error, while he only deals with gunshot injuries. I state plainly that I don't attach much weight to statistical evidence, except it comes within the range of one's own experience. Wittich, who has collected large numbers, both of those occurring in peace and war time, places the mortality of knee-resections at 19 per cent.; Lotzbeck at 62 per cent. What an enormous difference!

During a practice of sixteen years, including three wars in which I took part, I have performed sixty-four amputations of the thigh, of which fifty-seven died; and forty-one resections of the knee, of which twenty-two died, a mortality of 89 and 53 per cent. respectively. I do not hesitate to declare these unfavorable numbers. The largest portion

of the operations took place in my hospital during the past thirteen years, when pyæmia, in spite of every care, has been an uncontrollable enemy. In the year 1859, at Verona, I did not see a single successful case of thigh amputation. Besides, the true statistics of thigh amputations are much worse than the published tables would lead one to suppose. I saw many cases of amputation performed upon the battle-field, which shortly after died and were buried, and were subsequently recorded among the lists of those fallen in battle; but cases of resection never escape record. The Russian Professor Huebbenet assured me that in the Crimean war the mortality of amputations of the thigh was 92 per cent. No such mortality is to be found after resection of the knee, and my conscience will not permit me to amputate a healthy leg and foot, when we lose 89 per cent. after amputation of the thigh, and only 53 per cent. after resection of the knee.

But if it be admitted that knee-resection in general is not so fatal as amputation, it is then said, in war excision is impracticable. In my opinion the operation which is more dangerous in time of peace is also more dangerous in time of war. To this I have found no exception.

Where, then, are the statistics of the dreadful mortality of knee-resections during war? I believe that no one has performed so many resections of the knee on the battle-field as myself, and, in spite of every labor, I am unable to present a complete list up to the present day. Those who know the circumstances under which my resections have been performed, when often a bunch of straw or a piece of floor plank had to be employed to complete, with plaster of Paris, the splint for the limb, will excuse the scantiness of my information. In most instances I had to march forward one or two days after the operations were performed, and heard no more about them. Whenever I wrote I received the uniform answer: "In no single instance was a case of knee joint resection to be found alive!" In order to obtain the final results it was necessary, in most instances, to correspond with the families of the patients themselves, and only those who have tried it can appreciate the difficulties of such a course. Leaving aside the statistics of my sixteen years' civil practice, I will relate the results of twenty-six cases of knee-resection which I performed during the years 1870 to 1871, twenty-five on the battle-field itself, and one later in a hospital of the reserve. Of some of these I have been able to receive no intelligence; but five, one officer and four soldiers, whose names are given, have had their limbs preserved by resection of the knee. Besides these are two others whose names I cannot find out. One was seen by Dr. Metzler cured in Orleans, and the other, a Mecklenburgher, was found by Dr. Reg'er several months afterwards in a civil hospital with perfect bony ankylosis at the knee.

Seven, therefore, of the twenty-six cases of resection were healed; but three of my resections, which were evacuated from Bazeilles to Remilly, were very nearly well when they were seized with fatal diarrhoea, an accident not connected in any way with the operation. It is true my cases of amputation were not decimated by diarrhoea, and for the simple reason that they died immediately after the operation.

The English surgeon who undertook the care of the Bavarian field-hospitals in Bazeilles, after our departure saw several of my cases of resection die, and wrote later in his account, doubtless without intending to do an injustice, "that he had seen the last traces of my resection disappear." He did not know, however, that I had previously evacuated all those in a condition to be removed, and that only the fatal cases remained behind. He certainly saw no cases of amputation die. Every one of these was underground before he took charge of the hospital. This account was translated into German, one surgeon wrote to another thereupon, and reckoning without their host, knee-joint resection was forthwith to be banished from the practice of military surgery.

If these three cases be counted with the rest, it gives ten successes out of the twenty-six resections, or a mortality of 61 per cent. To compare this; in only one instance out of my fourteen amputations of the thigh, performed in 1870-71, did recovery take place; a mortality of 92 per cent. Even striking out the doubtful cases, there remain the five successes out of the twenty-six cases, as contrasted with one recovery after fourteen amputations. A contrast altogether in favor of resections.

Without doubt, too much has been expected from resection. The cases are of the most dangerous description, and it was never a question with me of the possibility of conservative treatment.

So long as it cannot be proved that amputation of the thigh is less dangerous than resection of the knee—which I believe it is impossible to establish, whether in peace or war—so long no one has a right to banish the operation from war surgery. The only reproach which can be urged against resection is, that it requires much more after care than amputation; but a surgeon who amputates a healthy foot for such a reason does not deserve the name. It is said that in war it is not possible to have the necessary apparatus and to give the necessary care. The very opposite is the fact. Every one of my twenty-six resections was immediately put up in gypsum bandages, with windows at the side. On one occasion, at Chateaudun, I had nothing on hand but a knife and a saw. A Prussian officer had been shot through the knee, the condyles of the femur were splintered, and the finger could be readily introduced through a large opening into the joint. The leg

and foot were, however, completely intact. The Prussian General Arzt thought there was nothing for it but amputation, as the splintering was extensive, and there was no resection apparatus available. He courteously yielded, however, to my suggestions not to sacrifice an uninjured leg, and I performed resection of the knee the same evening in a crowded school-room. The only available bandage was a sheet, and, as I had to march further the following day, I did not hear for a long time of this officer's fate. At last, after a year and a day, I received a letter from him, telling me of a perfectly successful result. Ask this officer whether he would rather have had his thigh amputated, or if he would exchange his real limb for an artificial one. If this question be thought absurd, why are people so hostile towards knee-resection? The most important thing—the real egg of Columbus—is so to operate that a knee-resection wound shall lose all the peculiarities of a joint-wound. The more perfectly the synovial membrane, capsule, and cartilage are extirpated, the less dangerous is the operation and the quicker the healing. In civil practice with children, I am careful not to remove the entire epiphysis, since the growth of the limb is thereby impeded; but in adults I have taken away very large pieces of the injured bone, in one case as much as 25 centimetres, with perfectly successful results. I believe the oval flap incision is more suitable than the straight lateral incision, since it allows freer escape for the pus. I generally saw the femur somewhat obliquely, from before backwards, so that union may take place at a slight angle rather than in a perfectly straight position. Subsequent amputation of the limb is not unfrequently necessary, when the operation has been performed for caries, whereas after injury it is seldom required.

In conclusion, I believe, first, that the conservative treatment of knee-joint injuries has, up to the present time, inflicted more injury than it has effected good. Its future may, perhaps, prove better than its past history.

2. Resection of the knee is, both in peace and war, a less dangerous operation than amputation of the thigh. Statistics prove this. The best part of the limb is preserved, and the constitutional shock is much less.

3. The final result of resection is not to be compared to amputation. In one case the foot is preserved, and in the other not. The worst result after resection is better than any amputation.

4. It appears to me wrong, and even inhuman, to cut off a perfectly sound leg and foot, when there is a possibility of preserving it. This nobody can deny; surely one must call such action retrograde surgery.

5. In performing an excision of the knee the most important principle is to deprive the wound of all the peculiarities of a joint injury.

[The foregoing is an interesting paper, but the author's views are surely both too positive and too sanguine. The reporter has heard Von Langenbeck state that, during the last war, at least one hundred and fifty cases of penetrating wounds of the knee joint recovered under conservative treatment. In this country it is now, the reporter believes, generally admitted that, other things being equal, resection of the knee is a more dangerous operation than amputation of the thigh in its lower part. Statistics can be produced of an irreproachable character to prove this position. In this country the fatality after amputation is not so great as it is upon the Continent; and it would not be very difficult, the reporter believes, to find more than one surgeon who had amputated the thigh seven times in succession without a death. The first three of Professor Nussbaum's conclusions convey, therefore, in the reporter's opinion, the reverse of what is the fact. The pertinency of the fourth proposition depends on the truth of the preceding three. As to the fifth and last conclusion, the view therein announced is of real practical value.—*Rep.*

WILLIAM MACCORMAC.

DESTRUCTIVE SYPHILITIC ULCERATION OF THE NOSE.

By J. H. THOMPSON, M. D.

Read before the Homœopathic Medical Society of the County of New York.

T. G., aged 43, born in Delaware, by occupation a seaman, was injured December 24th, 1866, in a melee on board of a vessel, after which he could not open his right eye for ten days; right side of face swollen for six months, and from his right eye there was a watery discharge for the same length of time, coming on after having taken a cold.

He was several times subsequently attacked with erysipelas in the face.

Several teeth came out during the year 1867; he pulled them out with his fingers, in consequence of the pain they produced; and pieces of bone were fast to the roots, but the teeth were quite sound.

When he came to my clinic in the Dispensary, May 20th, 1873, he had been under treatment for three months by some Homœopathic physician, and also had been in Bellevue Hospital for two months, without having received any apparent benefit. The nose, externally, was in about the same condition as it is now, and the superior maxilla was much destroyed. There was evidently extensive disease of

the bones of the nose and upper jaw then existing, easily detected by using a probe.

The fetor was intolerable.

Pieces of bone had exfoliated as long previous as January, 1872, and several times since.

The right side of the nose and superior maxilla (the side upon which he was injured) seemed to be most diseased.

He has never suffered from those pains peculiar to affections of the periosteum, aggravated at night after getting warm in bed, and subsiding by day; neither has he had pains in the long bones.

His father died at the age of eighty-six, after having taken a severe cold.

His mother died of erysipelas, at fifty-five years of age.

He was married May 13th, 1860, his wife has had four children, three of whom are now living, the other dying during infancy.

The oldest child, a daughter, was born February 13th, 1862, being therefore twelve years of age.

The second, also a daughter, was born December 13th, 1863; she has sores on her arms and legs, breaking out in one place, running a course of destructive ulceration, then healing up only to make their appearance on some other part; she has been in this condition about five years, and is now under my treatment.

His son, a fine little fellow of six years, is entirely free from all appearance of anything of the kind, and is apparently a healthy child; the daughter before mentioned being the only one upon whom anything like the syphilitic virus appears to have developed itself.

He says he "has had gonorrhœa, but never had a chancre, to his knowledge."

It is a well known fact that all are prone to deny having had venereal diseases, especially chancres; but I am not acquainted with any other disease than syphilis, with which this destructive ulceration of the nasal bones is connected, except lupus or cancer in some of its forms, and certainly it cannot be either of these; therefore, my opinion when seeing him for the first time was that it was syphilitic, thinking he may have had a urethral chancre; as he was so candid in his acknowledgment of having had one form of venereal disease, there was no reason that he should deny the other form, and my efforts were directed to the removal of the diseased bone by remedial agents, rather than by the knife, and to this end gave him *Hecla lava III*, a powder night and morning, and a solution of Carbolic acid, about 1 to 100, to apply locally on cotton, to

destroy the odor which was so unbearable when anywhere near him.

My attention was called to this remedy by a remark made by Prof. Helmuth in one of his lectures during the winter of 1872-3. The subject having been presented to the American Institute of Homœopathy in 1870, by Dr. Wm. H. Holcomb, of New Orleans, in a letter from Dr. John James Garth Wilkinson, of London, who says:

"Its known pathological effects on the sheep in the vicinity of Hekla, are immense exostoses of the jaws. It also produces drying up of the milk in both sheep and cows.

"The finer ash, which fell upon the pastures in distant localities, was particularly deleterious, while the gross ash near the mountain was inert.

"In cows, post-mortem examination showed intestines filled with ashes, hardened to a mass, and stomach coated over with a pitch-black membrane, spotted with brown, and difficult to remove by washing.

"The jaw-teeth were covered with a shining metallic crust.

"Several young horses died from lumps on the jawbones, so large as to cause dislocation.

"The sheep, when butchered, were found of a bluish hue internally, and the intestines were friable. In many cases worms from two to three inches long, with pale gray bodies, and brown heads, and a little thicker than a horsehair, were found in the bronchiæ.

"In sheep the osseous and dental systems were much affected. The head bones, and especially the jawbones, swelled, and became so friable when boiled that they fell to pieces. The thigh, and particularly the skin bones, swelled and bulged. The jaws were sometimes covered with large swellings, which spread, and were of loose texture, and darker in color than the bone. These could be separated from the bone without injuring it; but in some fatal cases a hole in the bone going down to the marrow was discovered under the swelling.

"These particulars are from a Danish account of the eruptions of Hekla, and their consequences to general nature, to man, beast, and and to vegetable.

"Hekla lava, according to Professor Morris, of University College, London, has for general constituents, Silica, Alumina, Lime and Magnesia, with some Oxide of Iron. Sometimes it contains Anorthite and other minerals."

Dr. Wilkinson also says: "In this imperfect pathogenesis we have undoubtedly symptoms pointing to diseases of teeth and bone," and states that he has "used it in toothache, and in swellings about the jaws with magical effect in some cases; also in gum abscess from decayed teeth, and with apparently good results in difficult teething."

Dr. Holcombe says, that "this is all that is known of the Hekla lava," and according to these suggestions, he also used it with marked beneficial results in neuralgic pains in the cavities from which teeth had been extracted; also in a case of injury to the inferior maxilla of a scrofulous girl, ten years of age, which produced an immense abscess, and afterward great enlargement of the maxillary bone—the effect in the latter case being "truly magical."

After continuing the administration of this remedy for three weeks, to my patient, two small pieces of bone became loosened, and he pulled them out through the nose; after which it bled considerably for two days; gave him some styptic cotton which stopped the hemorrhage, and continued the same treatment. In five days more, on the 15th of June, a large flat piece of bone, two inches long and one half an inch wide (one of the nasal bones), came out through the mouth, leaving the cavity as it is now, all the bones forming the nose, and the turbinated bones having been destroyed.

On the 21st of June, after just one month of treatment, the cavity looking quite red, I examined it thoroughly, but could not find any exposed bone, either with my finger or a probe. I, however, continued the Carbolic acid locally for a short time longer. He has not had any more fetor from the parts, and *the disease is arrested*; eleven months having elapsed since the last piece of bone came away.

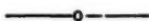
The sense of smell is almost entirely gone; he says he "can smell strong hartshorn, but that is about all."

As far as I have discovered, this case, and those I have mentioned as cured by Dr. Holcombe, are the only ones that have been reported in this country.

Dr. H. thinks "it is probable that Hekla lava will be found serviceable in the following affections: Otitis, periostitis, exostosis osteosarcoma, rachitis, hip-disease and white swelling, syphilitic nodes, difficult dentition, abscess of the gums, injuries to the alveolar processes, diseases of the antrum highmorianum, toothache, facial neuralgias and headaches dependent on derangement of the dental nerves."

In October, 1873, my friend, Alfred Goodell, a dentist of this city, made him a set of false teeth on a rubber plate, and also a rubber nose, both of which he has since worn with much satisfaction and comfort.

And I now have the pleasure of presenting the case for your inspection.



ESPECIAL NOTICE.



The delay in the appearance of both the June and July numbers of this JOURNAL is sincerely regretted, both by the Editors and the publishers. The "copy" was in readiness in season, and the general Editor, with additional labor, had looked to have the number "out" early in the month; in fact, the galley proof had been corrected, when there was a commotion among the "typos," and the "devils" left;—whether they brought in seven other devils, worse than the first, we cannot explain, but "the office" changed hands, new arrangements were made, new men (and women, too) were brought in; the "forms" were scattered, parts of manuscript mislaid; and other circumstances occurred, all tending to increase the equanimity of our tempers, especially with the thermometer at 96° in the shade. But—

"As what's impossible can't be,
And never, never comes to pass,"

we were obliged to wait for a more settled state of affairs, which, we hope, has at last been attained.

We think this explanation is due our readers, and we are sure, could they understand how *very* aggravating it is to have manuscript lost and mislaid, proof to be recorrected, which was all ready to be struck off; and, above all, the frequent inquiries for the JOURNAL; they would be lenient in their judgment. Therefore we hope the complaining critic will smooth the wrinkles in his forehead, leave his pen stuck in the gall-bottle, and consider how it would be with himself under similar circumstances.

The New York Journal of Homœopathy.

NEW YORK, JUNE 1, 1874.

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THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The 27th Annual session of the American Institute of Homœopathy, was held at the International Hotel (or rather in a hall just over the way), Niagara Falls, on Tuesday, June 9th, 1874.

The session was called to order by the President, Dr. J. J. Youlin, of Jersey City, who delivered a very graceful and thoughtful address. His remarks concerning the inspirations of the place were very eloquent.

Dr. Morse of Salem, Mass., was appointed chairman of the committee to take charge of the credentials.

The report of the treasurer showed an unusual expenditure for the publication of the Transactions, as might be expected, since the present volume is the bulkiest yet printed.

Dr. Buck of Cincinnati, chairman of the Bureau of Anatomy, Physiology and Hygiene, presented papers on the "Lymphatics" which elicited very little enthusiasm from the numbers present.

The Bureau of Materia Medica, being next in order, the President read a telegram from the Chairman, Dr. T. F. Allen, who was "*en route*" but would not be present till one o'clock; and proposed to change places with the bureau of Clinical Medicine. Objection being made, Dr. J. P. Dake, of the bureau, read his paper on the "College of Provers" and made a general onslaught upon our "rubbish encumbered" materia medica. He instanced the recent issue of Dr. Allen's Aconite, to illustrate the number of useless symptoms now obtained, and introduced the present volume of the Transactions, to illustrate their *alarming*!! increase; these "symptoms" the doctor evidently considered good for nothing whatever, and hence he is in earnest to reprove our whole materia medica from a "physiological" stand-point; he wants an *objective* symptomatology. Dr. Wells of Brooklyn "went for him," and in a few terse remarks eloquently defended pure symptomatology; Dr. Holcombe combatted the idea (advanced during the discussion) that provings should be made in different climates, or on diverse races to test the value of a single drug; he said that experience had fully established that Hahnemann's Aconite was good the world over. The discussion occupied the remainder of the morning session. The Institute adjourned till evening, leaving the afternoon free for purposes of sight-seeing and social intercourse. On assembling at 8. P. M., the President, in accordance with a resolution passed in the forenoon, appointed a botanical committee to report to the Institute the medicinal plants growing in the vicinity. Drs. Allen of New York, Detwiller of Easton, Pa., and Gottschalk of Providence, were appointed. The papers of the Bureau of Materia Medica were then presented by the chairman, Dr. T. F. Allen of New York, consisting of provings of *Physostigma ven.* collated by the chairman; *Hamamelis Virginica*, by Dr. McGeorge; *Tanacetum Vulgare*, by Dr. Alf. K. Hills; *Lactic Acid*, fragmentary proving, by Dr. A. K. Hills; The "Aztec Flower" Mexican gentian, three provings, by Dr. Emma Scott of N. Y.; Verifications of *Lilium-tig.* by H. H. Baxter; and a paper on primary and secondary symptoms by Dr. E. M. Hale. The chairman read a résumé of over seventy provings of *Physostigma*, observed by over fifty individuals; and gave a sketch of its physiological action, especially referring to motion and sensation, the eye, the secretions and the circulation. A paper by Dr. Hale on primary and secondary symptoms was then read, after which the chairman presented a paper which had been sent him by a female physician in Washington, D. C., on the "properties of the egg-

shell-with-the-membrane-left-on," which he did *not* present for publication. After the reception of the report, Dr. T. P. Wilson moved that, in view of the great bulk of provings (a hundred pages of Hamamelis by Dr. McGeorge for example) no single proving be received for publication, but only collections of provings, as he considered one proving of very little worth. Dr. Allen seconded the motion, and explained that all these provings (except the one on the "egg-shell-with-the-membrane-on") were carefully prepared computations and presented an invaluable picture of the drug. No discussions followed on primary and secondary symptoms, which subject we hear has been selected as the grand and only one for next year's mark. At the close of the bureau the following were appointed for next year.

Dr. C. Dunham; C. Wesselhoeft; T. F. Allen; E. M. Hale; W. E. Payne, W. McGeorge, J. P. Dake, J. H. Smith (Melrose Mass.), H. H. Baxter (Cleveland Ohio).

The Bureau of Clinical Medicine was next presented by the chairman, Dr. Ober of LaCrosse, Wis., the subject was cerebro-spinal meningitis, and papers were read by Dr. Geo. A. Hall of Chicago, and Dr. B. W. James, of Philadelphia, and the chairman, besides several more read by title. Dr. Hall's paper was very clear and able, he is one of the clear-headed men, and besides has had a larger experience with the disease than any other man in the Institute heard from. One point in his treatment led to some repartee, viz., his application of warm fomentations to the spine. The doctor evidently preferred *ginger*. Dr. Eggert of Indianapolis cannot talk English very fast and we thought he would burst with pent-up German emotions before he could give vent to his horror. The discussion was exceedingly interesting and developed a large experience and remarkable success with the disease in various parts of the country. The Bureau for next year is; Drs. *H. N. Martin, S. Lilienthal, Geo. A. Hall, Ober, Holcombe, E. C. Beckwith, W. H. Watson Wm. Eggert, and T. F. Cooper*, of Alleghany, Pa. On Wednesday morning fifteen minutes was devoted to the Botanical Committee; as many as twenty-five medicinal plants were exhibited and briefly explained, among them were *Hyosciamus niger*, *Rhus tox*, and *Rhus rad.* *Podophyllum*, *Thuja*, *Taxus baccata*, *Smilacina* (Solomon's Seal), *Millefolium*, *Rumex crispus*, *Hamamelis*, etc., and also a beautiful shrub, (*Shepardia*) growing on the islands, the under surface of whose leaves is covered by most interesting and microscopically beautiful stellate hairs, and which is infested in the summer by a fungus, named by Hon. Geo. W. Clinton of Buffalo, in honor of the chairman of the Botanical Committee. The report on Climatology was presented by Dr. Wright, of Buffalo (Dr. Marix of Denver being absent), who had evidently

worked up his subject with unusual faithfulness and skill ; he presented diagrams showing the humidity and temperature of various localities which pointed to Santa Fe, Denver, Cheyenne, and Corinne as the driest and most unvarying localities. Denver is at times afflicted by the fine surface sand, but in other respects is very favorably reported. A project for a sanitarium in Denver, was brought to the notice of the Institute on account of the use of the name of the American Institute as an advertisement, but no official action could be taken from lack of official facts. The Bureau for the next year is Drs. B. W. James, Phila.; A. R. Wright, Buffalo; Thos. Nichol, Montreal; Morse, Memphis; Leonard, Minneapolis; Beckwith, Cleveland; Ormer, Atlanta; Donovan, St. Augustine. The Bureau of Obstetrics made a breach presentation through Dr. Ludlam, not that he was the butt of the bureau, but that the head, Dr. Saunders, could not be got at. A sergeant-at-arms brought him out; however, after Dr. Ludlam had reported his very interesting paper on the Differential Diagnosis of Puerperal fever, Dr. O. B. Ganse followed with a paper on the treatment of the disease, and Dr. Saunders on the general management of Lying-in women. An animated discussion followed the papers, especially on the diagnosis and treatment. The Bureau held a special session meeting in the afternoons, when Dr. Holt of Mass. presided, and at which nearly eighty physicians were present; it was one of the most cordial, frank, and in every way satisfactory and enjoyable meetings it has been our good fortune to attend; it was, as Dr. Ludlam said, the feature of the Institute; the discussions were to the point, were really learned and instructive; the printed report will be read with avidity by every physician. Dr. Holt presided well; we could but think however that the chairman of the bureau was the proper person to conduct the meeting. The Bureau of Obstetrics for the next year is: Drs. Woodbury of Boston; Ganse, Phila.; Alley, St. Paul; Burdick, N. Y.; Mercy B. Jackson, Boston; Saunders, Cleveland. The Bureau of Gynecology, Dr. Lilienthal chairman, reported on Uterine Hæmorrhage. Papers were read by Drs. Mrs. Jackson, Dunning, S. R. Beckwith, Hunt of Covington, Ky., Ormes of Jamestown. A very animated discussion took place, Mrs. Jackson had never lost a case, and always used internal remedies. Dr. Hunt's paper advised local measures first, giving the excellent advice (we think) to hold the uterus with the hand when it will not contract. Dr. Ball of N. Y. made a most suggestive statement, which coming from one of his large experience should have great weight, viz., that these *excessive hæmorrhages cure themselves*, he had never seen a woman die from them; there is, no doubt great mischief done by giving large doses of medicine and often the only chance of life is lost thereby.

The Bureau for next year is: *Drs. S. R. Beckwith, J. C. Burgher, J. S. Sawin*, Providence; *W. A. Hunt*, Covington; *Ludlam*, Chicago, *Lungren*, of Toledo; *Edmunds* of Memphis; *Hunt* of Camden; and *Armes* of Jamestown, N. Y.

The Bureau of Pædology reported through Dr. Lilienthal, on the subject of Cholera Infantum; a few papers were read and quite a discussion held concerning the disease, especially regarding its etiology. Dr. Wright of Buffalo made some very interesting statements regarding its prevalence in different cities, giving the statistics, which clearly showed that temperature can have nothing to do with the disease, but that the origin was probably due to the food. Dr. Thayer gave his treatment, which elicited no little merriment as the "shoo-fly" treatment; it is his strong point to get rid of the flies, then to keep the patient very clean, sponged every day; he now lost less patients than formerly, because, he thinks the higher potencies act better than the lower ones; last year he used the 200th, the discussion was very interesting and instructive.

The Committee on Foreign Correspondence would have had no report had not Dr. Dunham been ready with a very interesting account of the rise and progress of our school in Italy.

Dr. Thayer made a report on colleges which was referred back to him to revise, after which he reported later in the session, giving the principal features in each college.

The Committee on the Homœopathic Dispensary, reported, through Dr. Dunham, chairman, the substantial completion of the work, and announced that it would be ready for the press early in the fall.

The new Constitution and By-laws were then taken up and attended to till two o'clock in the morning. The great point in the whole is the first article, which is, "This Association shall be styled the American Institute of Homœopathy, and its object is *the improvement of homœopathic Therapeutics and all other departments of Medical Science.*"

The italics were added by the sound homœopaths, who made a gallant stand for it—after this article the whole code stands free from any 'pathy and any physician with the title "*M. D.*" is eligible to membership. We do not think that a constitution and by-laws was ever passed with so much good feeling and fellowship as was this, after the members saw the drift of an enlightened liberality and sound therapeutics.

On Thursday morning at 9, the Botanical Committee exhibited several very interesting plants, *Senega*, *Uva ursæ*, *Prunus Virginiana*, *Zizia aurea*, *Polyporus*, *Juniperus*, as also the beautiful *Orchis spectabile*, and the *Niagara* honeysuckle, *Lonicera glauca*, etc.

Dr. H. D. Paine read the Necrological report. A discussion on next place of meeting was held. St. Paul was voted down, Indianapolis made a strong bid for it, but Dr. S. R. Beckwith and others went for Put-in-Bay (Lake Erie) and carried it (afterwards amended by "provided suitable accommodations could be had").

Dr. S. R. Beckwith then presented the Bureau of Surgery (Dr. Franklin being absent); the subject was Fractures; Franklin took those of the cranium, Willard the upper extremity; Helmuth the pelvis; McClelland the thigh and leg; Beckwith the ankle, etc. We understand that these papers are to form an independent monograph to be published by the Bureau. The Bureau next year is: Willard, Helmuth, McFarlan, Franklin, Jernegan, Biggar, McClelland, Hall of Chicago and Flowers of Columbus.

The Bureau of Ophthalmology and Otology was presented by Dr. Houghton. Papers were read on Congenital Cataract by Wilson, Catarrh of Middle Ear, by Houghton, and one on Abuses of Politzer's Method, by W. N. Guernsey of N. Y. The Bureau held two section meetings in the afternoon and evening, at which a dozen specialists discussed the eye and ear fully and very satisfactorily. Our school has reason to be proud of this Bureau, and should handsomely support its specialists. The Bureau next year is: Houghton, Wilson, Liebold, Woodyatt, Angell, Breyfogle, and Norton. The President appointed a bureau of Microscopy (in accordance with a vote of the Institute) as follows: Baer, Allen, B. W. James, J. D. Buck, D. G. Woodvine.

The Committee on Colleges next year is: Small, Dake, Saunders, Thayer, and Wilson.

The Bureau of Psychological Medicine reported through Dr. Swazey, who gave a synopsis of a paper by Dr. Foot, and then read one of his own on *Popular Psychology for three quarters of an hour* straight ahead. Drs. Frost and Brown also presented papers. When will our school do some decent *work*, and stop fooling away time on glittering generalities and theories, which are of no earthly use or credit. Next year the Bureau stands, Stiles, Swazey, Foote, Brown, Worcester, Frost, Stow and Hunt (of Indianapolis.)

The afternoon and evening were given up to conviviality, the banquet was at four o'clock. The toasts were Samuel Hahnemann, etc., response from Dr. Dunham.

The Medical Profession, response by Dr. Thayer.
 Medical Literature response by Dr. Wilson.
 Medical Colleges, response by Dr. Ludlam.
 Medical Libraries, response by Dr. Talbot.
 "Man" response by Dr. Mercy B. Jackson.

The last was very graceful and much applauded.

At the close the President offered "The future prosperity of the International Hotel and the health of its proprietor, Mr. Fulton," a compliment well deserved.

The hop in the evening was enjoyed by the young people, and afforded opportunity for mutual acquaintance of the doctors and their families.

On Friday morning, Dr. Lilienthal made the report of Medical Literature, which was not discussed, and the following appointed for next year: Talbot, Jones, Lilienthal, Ludlam, and Holcombe.

The Registration and Statistics Bureau sent in a report, and stands for the next year: E. M. Jones, Hoyne, Page (of Appleton, Wis.), H. M. Smith (N. Y.), and Dudley.

The report of the Credentials Committee, showed 207 members, and 94 delegates present at the meeting.

The Institute accepted an invitation to the opening of the N. Y. State Homœopathic Insane Asylum.

The election of officers resulted in: President, W. H. Holcombe, N. Orleans, Vice-President, L. E. Ober, LaCrosse, Wis., other officers same as last year.

The President made a few appropriate remarks at closing. Dr. Holcombe was called to his feet, and thanked the Institute for the honor, and expressed his pleasure at the cordial good-will toward the profession at the South.

Dr. Youlin presided all through splendidly, no one ever did better, and to him is due in great measure, the success of the meeting.

Among the members present were from New York City, Drs. White, Paine, Helmuth, Lilienthal, Ball, Allen, Carmichael, Houghton, Norton, E. Guernsey (last day), Kellogg, Woodward, Mrs. Ensign, S. Swan, and a Dr. Willis (not a member, but who made a speech!).

From N. Y. State, Drs. Dunham, Jones, of Albany, Wells of Brooklyn, L. B. Wells of Utica; Wright, Colton, Cook, Kenyon, Benedict and Gregg of Buffalo; Talbot, Waterville, Miller of Oxford; Greenleaf of Oswego; Church of Norwich; Seely of Elmira; Fowler of Corning; McKeon of Albany; Ormes of Jamestown; Childs of Ogdensburg; Jones of Mt. Vernon; Hurd of Rochester; Davis of Auburn; Covert of Seneca Falls; Vincent of Troy, Gwynne of Thompsonville; Bradner and Stiles of Middletown; Clary of Syracuse, etc., etc.

From other parts of the country, Drs. Youlin, Gottschalk, Thayer, Morse, Small, D. S. Smith, Burgher, Derkey of Mobile; Talbot, 3 Beckwiths, Hall of Chicago; Meroy B. Jackson, T. D. Stone, McClelland, Millard, Eggart, Detwiller, McClatchey, B. W. James, Holt, Hol-

combe, McManus, Wilson, Gilchrist, Ober, Dake, Swazey, Martin, Alley, Woodyatt, Frost, etc.

Over a hundred new members were elected, including from New York City, F. H. Boynton, D. B. Hunt, W. N. Guernsey, W. A. McDonald, Mary E. Bond, Phœbe J. Waite, Caroline J. Yeomans, Clara C. Plimpton, H. Amelia Wright, Jas. A. Carmichael, and Addie L. Rendell.

REVIEW.

TRANSACTIONS OF THE TWENTY-SIXTH SESSION OF THE AMERICAN INSTITUTE, 1873.

This portly volume serves to show how very rapidly "Homœopathy is dying out." To all appearances the said Homœopathy will one day make a remarkably vigorous corpse.

The provings of *Fagopyrum esculentum* are destined to play the deuce with the winter breakfast of many a now unsuspecting M. D. On reading the provers' day-books the festive Carl Müller dropped the volume, and with pallid lips murmured this plaintive wail:—

"Adieu, a long adieu, O well-browned cake!
No more shall Chloe of the cunning hand
Tickle our tripe with *Fagopyrum* discs!
Unhappy we, with ham and hominy
Henceforth condemned to greet the wintry morn!"

It is sincerely to be hoped that a future *gold medal* will tempt some "class" to go for the oat—a grain, says old Sam. Johnson, on which they feed horses in England and men in Scotland. Hence the "Scotch fiddle;" and, my prophetic soul, if the *sarcoptes homini* is the cause of Scabies, and if oat-meal causes the itch, of course oat-meal will cause the *sarcoptes homini*.—Q. E. D.

Aha! how that proving will overwhelm with confusion the scoffing Hebra!

Quare fremuerunt gentes; for Magna est veritas et prevalebit, aint it?

Turn we now to that *stucco* job with plaster of Paris; to be sure it is more "high toned" to call it calcium sulphate, for despite the Swan of Avon, there is much in a name.

That the Institute should give thirty-four pages to "two provings and a *resumé*" of any substance on *one prover*, is evidence of a semiomania for which we—a loyal homœopathician—would not hesitate to both bleed and blister.

We are glad to be able to praise the persevering industry of the un-

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der graduate, who made the "two provings and a *resumé*:" at page 15 of the *Pathogenic Cyclopædia*, Part 1., under "Love of Solitude," he will find thirty-six remedies indicated; we trust he will make a judicious selection at once and partake freely of the similimum.

This, however, is the "thin" end of the volume, and the other bureaux make ample amends.

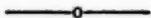
Verily, how our surgeons "boned down" to the *os* questions! This, indeed, is literature which is highly creditable to any school.

Our gynecologists put in a good appearance also on that other *os*. Does it get that name because, originally made from a rib, woman is "bone of our bone?"

The writer of the paper on "the nervous system" need only call at our number and have our best hat and *zwei lager*.

A faint smile wrinkled our phiz on reading this—"appreciating the blessings of homœopathy, look up, and, with thankful hearts *exclaim with Webster, 'I still live!'*" Must the last utterance of the "old man eloquent" be pilfered from him to tail-end statistics of comparative mortality! Forbid it ye avenging gods!

When we consider the work entailed upon Secretary McClatchy in bringing out this volume, and the manner of his doing it, we feel dead sure that in his case the Institute has the right men in the right place.



THE NEW YORK HOMŒOPATHIC SURGICAL HOSPITAL.



The trustees of this institution are happy in the fact of having secured a commodious building in a good locality, with free ventilation, and surrounded by trees and greenward. The hospital was opened on the evening of June the 4th, by an entertainment; and is now opened for the reception of patients. Several operations of magnitude have been performed, and the enterprise bids fair to be a complete success.